PTO/SB/06 (08-03)

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|--|---|----------------------|------------------------|--------------------|--------------|---|-------------------|---------|-----------------|--|----------|------------------------------|------------------|-----------------|--|
| Substitute for Form PTO-875  |   |                      |                        |                    |              |   |                   |         |                 |  | 1        | 16/642392                    |                  |                 |  |
| L  | CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY               |                      |                        |                    |              |   |                   |         |                 |  |          | R SM                         | OTHER<br>SMALL E |                 |  |
| B  | FOR<br>ASIC FEE   |                      | NUMBER FILED           |                    |              | NUMBER EXTRA                                |                   | ╛       | RATE            | FEE  | 7 .      | RATE                         |                  | 555             |  |
| (3   | 7 CFR 1.16(a))<br>OTAL CLAIMS   |                      | 24                     |                    |              |   |                   |         |                 | s  | of       |                              | <del>-</del>     | . 714           |  |
| (3   | 7 CFR 1.16(c))  |                      | Minus 20               |                    | 20 =         | . 4   |                   | 7       | X \$ =          |  | 7        |                              | $\dashv$         | : /40.          |  |
| (3)  | DEPENDENT CL<br>CFR 1.16(b))  | AIMS                 | 2                      | <b>9</b> minus 3 = |              |   |                   | 1       | x \$ =          | <del>                                     </del> | - OF     |                              | -                | 70.4            |  |
| Μl   | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                         |                      |                        |                    |              |   |                   |         |                 | <del> </del>                                     | - J OF   |                              | ╧┤               | 8               |  |
| • 11   | * If the difference in column 1 is less than zero, enter "0" in column 2. |                      |                        |                    |              |   |                   |         | +\$=            | +  |          | + \$                         | -                | 280.            |  |
|  | CLAIMS AS AMENDED - PART II   |                      |                        |                    |              |   |                   |         |                 | <u> </u>   | OR       | TOTAL                        | L                | /140.           |  |
| -  |   | (Col                 | olumn 1)               |                    | (Column 2)   |   | (Column 3)        |         | SMALL           | ENTITY   | OR       | OTH                          | 1ER              | THAN            |  |
|  |   | REI<br>A<br>AME      |                        |                    | PRE          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | M       | RATE            | ADDI-<br>TIONAL                                  |          | RATE                         | T                | ADDI-<br>TIONAL |  |
|  | Total<br>(37 CFR 1.16(c))   | 6                    | 0                      | Minus              |              | 24  | = /               | 1       | X \$ =          | FEE  | <b>7</b> |                              | +                | FEE             |  |
|  | Independent<br>(37 CFR 1.16(b))   |                      | 1                      | Minus              |              | 3   | = /               | 1 F     | x \$ =          | <del>                                     </del> | OR       | X \$=                        | +                |                 |  |
| ¥  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |                      |                        |                    |              |   |                   |         |                 | <del>                                     </del> | OR       | X \$=                        | +                | -               |  |
| -,-  |   |                      |                        |                    |              |   | 1                 | -       | + \$=<br>TOTAL  | <del>                                     </del> | OR       | +s =                         | 4                | <u> </u>        |  |
|  |   | (Colu                | ımn 1)                 |                    | (0.          |   | (                 |         | ADD'L FEE       | <del>-/</del>                                    | OR       | ADD'L FEE                    | Ľ                |                 |  |
| Φ,   |   | CL                   | AIMS                   |                    | HIG          | olumn 2)<br>SHEST                           | (Column 3)        | ır      | •               |  | 1        |                              | <del>/</del> _   | ·               |  |
|  | Tatal   | AF                   | AINING<br>TER<br>DMENT |                    | PREV<br>PAIL | MBER<br>IOUSLY<br>D FOR                     | PRESENT<br>EXTRA  |         | RATE            | ADDI-<br>TIONAL<br>FEE                           |          | RATE                         |                  | ADDI-<br>TIONAL |  |
| ĝ  | Total<br>(37 CFR 1.18(c))   | Ľ.                   |                        | Minus              |              |   | =                 | ,       | (\$ =-          | 122  |          | <del> </del>                 | +                | _ FEE           |  |
| 1  | Independent<br>(37 CFR 1.16(b))   |                      |                        | Minus              | ***          |   | =                 |         |                 |  | OR       | × \$=                        | +-               |                 |  |
| F  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |                      |                        |                    |              |   |                   |         | \$=<br>-\$ =    |  | OR       | × \$=                        | ┼-               |                 |  |
|  | (   |                      |                        |                    |              |   |                   |         |                 | <del></del>                                      | OR .     | +s =                         | ╀                |                 |  |
|  |   | (Colum               | nm 41                  |                    |              |   |                   | Α       | DD'L FEE        |  | OR       | ADD'L FEE                    | L                |                 |  |
| ٦  |   | (Colun<br>CLA        | IMS                    |                    | (Colt        | ımn 2)<br>IEST                              | (Column 3)        | _       |                 |  |          |                              |                  |                 |  |
| P. Company   |   | REMA<br>AFT<br>AMEND | 'ER                    |                    |              | IBER<br>OUSLY<br>FOR                        | PRESENT<br>EXTRA  |         | RATE            | ADDI-<br>TIONAL                                  |          | RATE                         | <b>.</b>         | ADDI-<br>TIONAL |  |
|  | Total<br>(37 CFR 1.16(c))   | •                    |                        | Minus              | ••           |   | =                 | t       |                 | FEE  |          |                              | ├                | FEE             |  |
|  | Independent<br>(37 CFR 1.18(b))   | •                    |                        | Minus              | ***          |   | =                 | ×       |                 | <u> </u>   | OR       | X \$=                        | <u> </u> -       |                 |  |
| 7  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |                      |                        |                    |              |   |                   | ×       |                 |  | OR       | x \$=                        | _                |                 |  |
| TOTAL  |   |                      |                        |                    |              |   |                   |         |                 |  | OR       | + \$ =                       | <u> </u>         |                 |  |
| * !  | f the entry in co   | lumn 1 is            | less than              | the entry          | in colum     | n 2, write                                  | "0" in column 3.  | ΑC      | D'L FEE         |  | OR       | ADD'L FEE                    | L                |                 |  |
| *** [1   | the "Highest No   | imber Pro            | eviously P             | aid For (          | NIHIS        | SPACE is                                    | less than 20, er  | nter "2 | 0*.             |  |          |                              |                  |                 |  |
| 001  | he "Highest Nur   | nper Prev            | /lously Pai            | id For" (T         | otal or In   | dependen                                    | t) is the highest | numb    | er found in the | 2 appropriate                                    | hau !(   |                              |                  | 1               |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.